

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09962491 FILING DATE

APPLICANT(S)

1-15-04

CLAIMS

1-15-04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1		1			
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12						
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14						
15						
16						
17						
18						
19	1		1			
20						
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25						
26						
27						
28						
29	1		—			
30						
31	1		1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1		1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			—	—		
TOTAL DEP.		—	—	—	—	—
TOTAL CLAIMS						

*		*	
IND.	DEP.	IND.	DEP.
51		1	
52			
53			
54			
55			
56			
57	1	1	
58		—	
59		—	
60			
61			
62			
63	1	1	
64			
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66			
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95			
96			
97			
98			
99			
100			
TOTAL IND.	9	8	—
TOTAL DEP.	63	61	—
TOTAL CLAIMS	72	69	—

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS